

# DESI AVAILAABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1	1									
2	1									
3	1									
4	1									
5	1									
6	1									
7	1									
8	1									
9	1									
10	1									
11	1									
12	1									
13	1									
14	1									
15	1									
16	1									
17	2									
18	1									
19	3									
20	2									
21	3									
22	1									
23	1									
24	1									
25	1									
26	1									
27	1									
28	1									
29	1									
30	1									
31	1									
32	1									
33	1									
34	2									
35	2									
36	2									
37	1									
38	1									
39	1									
40	1									
41	1									
42	1									
43										
44										
45										
46										
47										
48										
49										
50										
TOTAL IND.	3									
TOTAL DEP.	49	↓	←	←	↓	←	←	↓	←	
TOTAL CLAIMS	52	████	████	████	████	████	████	████	████	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS